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Bib Data Sheet

CONFIRMATION NO. 3937

SERIAL NUMBER 10/808,213	FILING OR 371(c) DATE 03/23/2004 RULE	CLASS 604	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. 53951-127
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/865,905 05/24/2001 PAT 6,852,090 which is a CON of 09/513,773
 02/25/2000 PAT 6,579,253

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 22	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 6/1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Verifier and Acknowledged Examiner's Signature Initials				

ADDRESS

21890

TITLE

Renal replacement therapy device for controlling fluid balance of treated patient

FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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